VI.   SAMPLES OF PROJECT INTERVENTIONS and STRATEGIES

The OCCG is seeking to fund projects that will focus on positive attitude and behavior change**/**modification target populations and to change community attitudes and norms about teen and unwed pregnancy and the resulting fatherlessness. The design and development of the proposed project's interventions, strategies and activities should demonstrate input and sustained involvement from youth, parents, community providers, stakeholders and other affected community groups.

A. Principles for Project Design

Effective educational and prevention programs are generally multi-dimensional and reflect both the diversity and complexity of the problem and priorities and values of a community. There are a few guiding principles that projects are expected to consider in the design of their interventions and strategies.

- Interventions and strategies should provide relevant and accurate information to the target population(s).

- Interventions should effectively address the unique learning needs of the target population(s) including, but not limited to, specifying the behavioral goals, teaching methods and materials that are sensitive and appropriate to the age, values, life experience, literacy level and culture of the participants.

- Activities should motivate and personalize prevention and educational information to help the target population(s) apply and incorporate the information to their daily life.

- Activities should reinforce knowledge and positive attitudes about sexuality, pregnancy prevention and/or parenting that are appropriate to the target population(s).

- Activities should teach and model behaviors which lead to the prevention of teen and unwed pregnancies and fatherlessness.

- Activities should focus on changing personal behaviors and/or existing community attitudes and norms in order to reduce teenage and unwed pregnancies and fatherlessness.

B. Types of Interventions and Strategies

  The interventions and strategies listed below are provided as suggestions and should not be viewed as the only interventions and strategies that will be considered for fundings. This listing is intended as a resource and possible starting point for new ideas. The OCCG encourages applicants to be innovative and creative in the design of their projects.

1. Abstinence Only Education - topics and activities to emphasize abstinence or delay of intiation of sexual activity; building decision-making skills; life goal planning; and learning how to say "no" to sex and negotiate within relationships.

2. Family Life Education – topics and activities covering a variety of issues, including but not limited to the following: growth and development of the human body and reproductive physiology; sexuality and contraceptive education; forming, maintaining and negotiating in healthy peer and adult relationships; communication skills; critical thinking and decision-making skills; and life goal planning.

3. Career and Job Skills Development - topics and activities that may cover but are not limited to: the value of work; forming an employment identity; career options; identifying unique skills interests and talents; job interview and work readiness; and career/job shadowing.

4. Father's Involvement - topics and activities that may cover but are not limited to: role of the father in his child's development; responsibilities for basic and growth needs of the child; positive parenting (nurturing, communication and discipline); adult communication skills; life goal planning; and community resources.

5. Male responsibility - topics and activities that may cover but are not limited to: role of male partner in sexual and contraceptive decision-making; child support responsibilities; legal consequences of unlawful sex with a minor; communication skills in healthy peer and adult relationships; and employment decision-making and planning.

6. Community Mobilization – topics and activities include but are not limited to: increasing visibility of the project in the community through media, public relations, and larger-scale public events; increasing public awareness and changing community attitudes and norms about teen and unwed pregnancy; and increasing involvement and commitment from local leaders and other stakeholders in building family and community health.

7. Mentoring - a program of sustained, face-to face engagement, training and monitoring of adults to interact with youth and adolescents to model positive roles and values within a caring and supportive relationship. Mentoring and role modeling can occur in an individualized and/or group-basis. For further information and guidelines on Mentoring Services, see Section C, below.

8. Education and Support for Parents[1] of Adolescents – topics and activities include but are not limited to: abstinence or family life education; positive discipline and communication skills; relating to other adults/family members; intergenerational cycle of teen parenting; siblings of teen parents; peer support/mutual self-help groups; youth-adult family interactive activities; and accessing community resources.

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[1] For purposes of the RFA, parents of adolescents is broadly defined to include guardians, other adult family members and other adult care-givers (e.g., foster parents).

9. Parenting Education for Teen Parents – topics and activities may cover but are not limited to: the developmental needs of adolescents and of infants; abstinence or family life education; basic and growth needs of children; responsibilities of parents; adult life skills development; peer education/support;   parent-child interactive activities; and accessing community resources.

10. Youth Development - topics and activities that may cover but are not limited to: developing a positive identity and sense of self (esteem); applying unique talents, abilities and skills through group-based learning (such as recreation or theatre/visual arts); skills for leadership; critical thinking/decision-making skills; building healthy relationships; and opportunities for learning and self-expression through community and volunteer service.

C. Mentoring Services

The Department is committed to supporting mentoring services as part of the CCG Program, specifically mentoring services that focus on addressing teen pregnancy prevention. These mentoring services may be provided in a one-to-one basis [2]or in a group setting[3]. The Department recognizes that there are many types of mentoring (such as academic/tutoring, personal growth, career/vocational, etc.) and different levels of need represented by a specific target group. Therefore, it is crucial that the minimum number of hours required must be a function of both the type of mentoring and needs of the mentees.

The provision of mentoring services supported by the CCG Program must meet the Quality Assurance Standards established by the California Mentor Initiative (CMI). These standards were developed to provide guidance to agencies in developing effective mentoring programs. A copy of the CMI Quality Assurance Standards is included as Appendix B.

The applicant agency and/or its subcontractor(s) that are interested in providing mentoring services as part of their CCG project must meet one of the following two criteria:

1. The applicant agency and/or its subcontractor(s) must have received notification that its/their Quality Assurance Standard Survey was reviewed and approved by the CMI.
<div align="center">or</div>
2. The applicant agency and/or its subcontractor(s) will submit a CMI Quality Assurance Standard Survey within three (3) months of the grant agreement effective date and receive approval within nine (9) months of the grant agreement effective date. In the
        interim prior to receiving approval, the applicant agency and/or its subcontractor(s) must strive to adopt and operate its mentoring program(s) in accordance with the ten CMI Quality Assurance Standards.

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[2] One-to-one Mentoring is defined as a relationship between a pair of unrelated individuals—one being an adult and the other an adolescent (mentee), which takes place face to face at least four hours a month for a minimum of a six (6) month commitment. In the context of the RFA, peer mentoring and peer leadership do not meet the definition of one-to-one mentoring.

[3] Group Mentoring is defined as a formal relationship involving face to face contact by one or more adults (mentor) with a group of youth (mentees) for a minimum commitment of six (6) months.

A copy of the CMI Quality Assurance Survey is included as Appendix C. Please note the Minimum Qualifications Section. The California Mentor Quality Assurance Subcommittee reviews the surveys on a quarterly basis (January, April, July, and October). Programs will be informed after the meeting as to the outcome of each quarterly review.

In addition to the training and technical assistance support offered by the CMI, the OCCG will also provide assistance to successful applicants conducting mentoring services. The CMI, through the Mentor Resource Center of the Department of Alcohol and Drug Programs (ADP), maintains an internet home page, provides clearinghouse services to agencies and individuals, mentoring resources and materials needed to facilitate overall program goals, a mentor referral service and also publishes the *California Mentor Program Directory*. The Mentor Resource Center can be reached at (800) 444-3066 or through its web page address **at http://www.adp.cahwnet.gov**.